MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01753

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Granville (Middle) C (Last) Barrett

4. DATE OF DEATH: (Month) February (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 23 1866

9. AGE last birthday: 86 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lineman

10b. KIND OF BUSINESS OR INDUSTRY: Electricity

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Andrew Barrett

14. MOTHER'S MAIDEN NAME: Amanda Coberson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Lillian Barrett, So. Balto. Gen. Hosp. Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage secondary to Arteriosclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

3317

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephrosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-3, 1953, to 2-4, 1953, that I last saw the deceased alive on 2-4, 1953, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. P. Vicente, MD Harford Mem. Hosp. 2-4-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 2/6/53; NAME OF CEMETERY OR CREMATORY: Brookview; LOCATION (City, town, or county): Rising Sun; (State) Md

DATE REC'D BY LOCAL REG. Feb-5-53; REGISTRAR'S SIGNATURE A. L. Lewis M. D.

24. FUNERAL DIRECTOR: Ralph M Reed, Rising Sun Md ADDRESS

VS. 415

RECEIVED
FEB 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01754

CERTIFICATE OF DEATH

Reg. Dist. No. 82

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

— MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FULFORD
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FULFORD
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) HENRY (Last) BEALE

4. DATE OF DEATH: (Month) FEB (Day) 17, (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: AUG 26, 1876

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: BUILDING IND.

11. BIRTHPLACE (State or foreign country): HARFORD COUNTY

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JAMES P. BEALE

14. MOTHER'S MAIDEN NAME: SUSAN WILGIS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: MRS. LYDIA DENBOW BEALE, RFD #2 BEL AIR, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 12 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15, 1953 to 2/17, 1953, that I last saw the deceased alive on 2/17, 1953 and that death occurred at 6 A M, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer M.D. Bel Air Md. 2/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF FEB 20, 53

NAME OF CEMETERY OR CREMATORY MT. ZION CEMETRY

LOCATION (City, town, or county) (State) RFD. BEL AIR, MD.

DATE REC'D BY LOCAL REGISTRAR 2/17/53

REGISTRAR'S SIGNATURE Priscilla Fawood

24. FUNERAL DIRECTOR Jos. T. Foster, Bel Air, Md. ADDRESS

RECEIVED
FEB 19 19[illegible]
BUREAU V. S.

01755

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Cross Roads | LENGTH OF STAY (In this place) 54 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Cross Roads
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Edward (Last) Borneman
4. DATE OF DEATH: (Month) FEB (Day) 12 (Year) 1953

5. SEX: M. | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Feb 1st 1876 | 9. AGE last birthday: 77 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter | 10b. KIND OF BUSINESS OR INDUSTRY: House builder | 11. BIRTHPLACE (State or foreign country): Baltimore Co. Md | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: August Borneman | 14. MOTHER'S MAIDEN NAME: Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mrs. Victorine Borneman, Falleton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Cardio-respiratory failure — 4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerotic cardio-vascular disease — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: — | (CITY OR TOWN) — | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.49., to 12 Feb, 1953, that I last saw the deceased alive on 10th Feb, 1953, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

SIGNATURE: H P Sidwell | (Degree or title) M.D. | ADDRESS: Bel Air, Md | DATE SIGNED: 13 Feb 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Feb 16 1953 | NAME OF CEMETERY OR CREMATORY: Jarrettsville | LOCATION (City, town, or county) (State): Jarrettsville Harford Co Md

DATE REC'D BY LOCAL REG. 2-13-53 | REGISTRAR'S SIGNATURE: Frailla Harwood | 24. FUNERAL DIRECTOR: Martin D. Kurtz, Jarrettsville, Md. | ADDRESS

VS. A15

RECEIVED
FEB 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01756

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Bel-Air Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) ~~TOWN~~ Bel-Air Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MELLISSIE (Middle) (Last) CAUDILL

4. DATE OF DEATH: (Month) FEB. (Day) 3 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widow

8. DATE OF BIRTH: Oct 3, 1876

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Ark C Co N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Geo Brown

14. MOTHER'S MAIDEN NAME: Annie Osborne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: James Hart Aberdeen Maryland R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Acute Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Chr. decompensated Cardio-Vascular disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1947, to Feb 3, 1953, that I last saw the deceased alive on Feb 3, 1953, and that death occurred at 7:55 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Willard P. Hudson, M.D — ADDRESS Forest Hill, Md — DATE SIGNED 2/4/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Feb 4, 1953 — NAME OF CEMETERY OR CREMATORY Bel Air Cem — LOCATION (City, town, or county) (State) Harford Co, Md.

DATE REC'D BY LOCAL REG. 2/4/53 — REGISTRAR'S SIGNATURE Priscilla Fourwood

24. FUNERAL DIRECTOR H. L. Bailey — ADDRESS Darlington, Md.

VS. A15 8-51

RECEIVED
FEB 10
BUREAU V. S.

01757

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp Havre de Grace

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE OHIO COUNTY Cuyahoga
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cleveland
STREET ADDRESS (If rural, give location) 7908 New York Ave.

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) K. (Last) CHARLTON
4. DATE OF DEATH (Month) February (Day) 1 (Year) 1953

5. SEX Male
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 21, 1932
9. AGE last birthday 21 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier
10b. KIND OF BUSINESS OR INDUSTRY Army
11. BIRTHPLACE (State or foreign country) OHIO
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME WILBUR J. CHARLTON
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Apr 10, 52 to date
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Military Personnel Aberdeen Proving Ground, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
816X Immediate cause	(a) Asphixia due to Fire	—
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Compound Fracture R. Clavicle	—
	(c) Fracture skull	—
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Fracture R femur	—

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY N S Route 40 (CITY OR TOWN) Havre de Grace (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 2/1/53 4A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident, auto-auto type

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer MD Deputy Medical Examiner Harford Co. Bd Air Md 2/1/53

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Feb 2-1953
NAME OF CEMETERY OR CREMATORY Cleveland Cemetery
LOCATION (City, town, or county) (State) Cleveland, Ohio

DATE REC'D BY LOCAL REG. Feb-2-1953
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Henry Varnier and Sons ADDRESS Aberdeen Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01758

CERTIFICATE OF DEATH

Reg. Dist. No. 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Army Hospital Aberdeen Proving Ground Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Mass. COUNTY Essex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beverly
STREET ADDRESS (If rural give location) 30 Pleasant St.

3. NAME OF DECEASED: (Type or Print) (First) Lawrence (Middle) (Last) Cipollone

4. DATE OF DEATH: (Month) Feb (Day) 5 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	May 28, 1931	21 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Soldier	Army	Mass.	USA.

13. FATHER'S NAME: Vincent Cipollone

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	Jan 12, 1953 to date	—	Military Personnel, A.P.G., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Death due to Strangulation — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

9741

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
SUICIDE	DISP. #5	ABERDEEN PR. GR.	HARFORD Co.	MD.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
UNKNOWN m.		APPARENT SUICIDE

22. I hereby certify that I attended the deceased from NEVER 19..... to ..... 19 .., that I last saw the deceased alive on NEVER, 19 ..... and that death occurred at UNKNOWN, from the causes and on the date stated above.

SIGNATURE (Degree or title) James E. Jovce Jr. Maj. M.C. ADDRESS Aberdeen Pr. Gr. DATE SIGNED 5 FEB 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Feb 6-1953	Salem cemetery	Salem Mass.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
Feb 6-1953	Nellie R. Perry	Henry Tarring & Sons aberdeen. maryland

FEB 9

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01759

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Mem'l. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford - Pa. R.D. # 1
STREET ADDRESS (If rural, give location) R.D. # 1

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) (Last) CLENDENIN

4. DATE OF DEATH: (Month) Feb. (Day) 25 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-2-1899

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY: Repair.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: A.S.A. Stephens

14. MOTHER'S MAIDEN NAME: Annie E. McCrush

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Charles F. Clendenin, Oxford, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

420.1 (21.8)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12, 1953, to 2-25, 1953, that I last saw the deceased alive on 2-25, 1953, and that death occurred at 3:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

A. P. Vicente, M.D. Harford Mem. Hosp. 2-25-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-28-53 — NAME OF CEMETERY OR CREMATORY: Hopewell — LOCATION (City, town, or county) (State): Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG. 2-27-53 — REGISTRAR'S SIGNATURE: G. L. Lewis, M.D.

24. FUNERAL DIRECTOR — ADDRESS: Lewis Patterson & Son, Perryville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01760

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: HARFORD — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: JOPPA
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WHITAKER ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: JOPPA
STREET ADDRESS (If rural, give location): WHITAKER ROAD

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) BELLE (Last) COX

4. DATE OF DEATH: (Month) February (Day) 5 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: APRIL 15, 1864

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN HIGH

14. MOTHER'S MAIDEN NAME: ISABELLE DISNEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: CLARA M. TEBO, WHITAKER ROAD, JOPPA, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval between onset and death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) B32+

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer M D Deputy Medical Examiner Harford Co. Bel Air Md. 2/5/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 2/7/53
NAME OF CEMETERY OR CREMATORY: WOODLAWN CEMETERY
LOCATION (City, town, or county) (State): WOODLAWN, MARYLAND

DATE REC'D BY LOCAL REG.: 2/5/53
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 ST. PAUL ST.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01761

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Whiteford (Last) Day

4. DATE OF DEATH: (Month) Feby (Day) 3 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: Sept 1-1900
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Whiteford Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Stevenson Archer Whiteford
14. MOTHER'S MAIDEN NAME: Virginia Bennington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT & ADDRESS: James N Day Bel Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
33H Immediate cause	(a)	Cerebral Vascular Accident	9 Hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Malignent Hypertension	10 years
	DUE TO (c)	Influenca, Acute	2 weeks

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. [illegible] 55 T.J.R. MD

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 18, 1953, to Feb 3, 1953, that I last saw the deceased alive on Feb 3, 1953 and that death occurred at 8:40 A m., from the causes and on the date stated above.

SIGNATURE S. James Thomison Jr. (DEGREE OR TITLE) M.D. ADDRESS Jarrettsville, Md. DATE SIGNED 2/3/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Feby 6/53
NAME OF CEMETERY OR CREMATORY Highland Presbyterian
LOCATION (City, town, or county) Highland Harford (State) Md

DATE REC'D BY LOCAL REG. 2/4/53
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR Joseph T Foster Bel Air Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

FEB 19

01762

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 14 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 123 Deaver Street

3. NAME OF DECEASED (Type or Print) (First) Cynthia (Middle) Josephine (Last) Dry
Baby Girl

4. DATE OF DEATH (Month) Feb. (Day) 23 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Feb. 23, 1953
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 14 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NC
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland - Fadeley
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John C. Dry
14. MOTHER'S MAIDEN NAME Margaret I. Fadeley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Margaret I. Dry - same adress -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.0

Immediate cause (a) Congenital Atelectasis of the Lungs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19...., and that death occurred at 8:15 a.m., from the causes and on the date stated above.

SIGNATURE A. P. Vicente (Degree or title) M.D. ADDRESS Harford Memo. Hosp. DATE SIGNED 2-23-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/23/53
NAME OF CEMETERY OR CREMATORY Angel Hill
LOCATION (City, town, or county) (State) Havre de Grace Md.

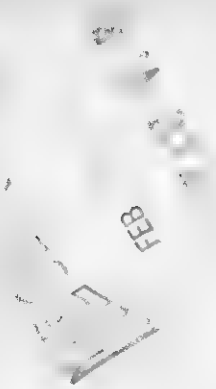
DATE REC'D BY LOCAL REG. Feb. 24-53
REGISTRAR'S SIGNATURE G. L. Lewis M. D.
24. FUNERAL DIRECTOR Timmy Fox Rev. ADDRESS Havre de Grace

2023375407

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


FEB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01763

CERTIFICATE OF DEATH

Reg. Dist. No. 8-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL Jarrettsville
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Jarrettsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) GABRIELLE (Middle) ADDA EUCLYDE Steltz (Last) EMRICK

4. DATE OF DEATH: (Month) February (Day) 9 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: March 11, 1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months 10 Days 28 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ADAM ROSS STELTZ

14. MOTHER'S MAIDEN NAME: Anna Margaret Blaine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -

17. INFORMANT & ADDRESS: George E. EMRICK - Rocks, Harford Co. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
422.1 Immediate cause	(a) Bronchopneumonia	4-5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Congestive heart failure	1 week
	DUE TO (c) Arteriosclerotic cardiovascular disease	unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Fracture of femur with non-union — 2 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 5, 1953, to Feb. 9, 1953, that I last saw the deceased alive on Feb. 8, 1953, and that death occurred at 8.45 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Paul S. Haneyfr. M.D. 615 Hickory Ave. Bel Air Feb. 9, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Feb. 12, 1953
NAME OF CEMETERY OR CREMATORY: Salem
LOCATION (City, town, or county) (State): near Jarrettsville, Harford Co. Md.

DATE REC'D BY LOCAL REG. 2/11/53
REGISTRAR'S SIGNATURE: Priscilla Fonwood

24. FUNERAL DIRECTOR ADDRESS: Martin G. Kurtz, Jarrettsville, Md.

11764

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (In this place) 15 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nottingham
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Hanna (Middle) M. (Last) Ferguson
4. DATE OF DEATH: (Month) 2 (Day) 28 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12-23-74
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Isaac Riale
14. MOTHER'S MAIDEN NAME: Sarah E. Fitzgerald
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Thomas S. Riale

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure secondary to Arteriosclerosis

450.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)

1514
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of the Stomach

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

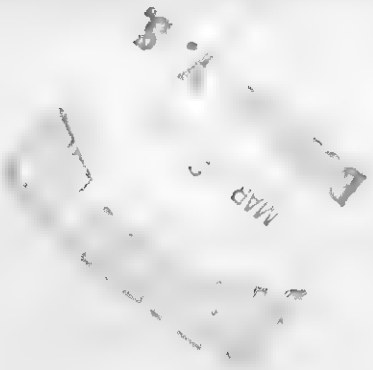
22. I hereby certify that I attended the deceased from 2-27, 1953, to 2-28, 1953, that I last saw the deceased alive on 2-28, 1953, and that death occurred at 7:50 A m., from the causes and on the date stated above.

SIGNATURE: A. P. Vicente, M.D. (Degree or title) ADDRESS: Hanford Memo. Hosp. DATE SIGNED: 2-28-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Mar 4-1953 — NAME OF CEMETERY OR CREMATORY: Freemont Cem. — LOCATION (City, town, or county) (State): Chester Co. Penn.

DATE REC'D BY LOCAL REG.: Feb-28-53 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D. — 24. FUNERAL DIRECTOR: Ralph M. Steel — ADDRESS: Rising Sun, Md.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01765

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford Maryland MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location) 428 S. Union Ave.

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) C. (Last) Foley

4. DATE OF DEATH: (Month) (Day) (Year) 2/22/1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	3/16/1892	60 yrs.	11	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY:
Attorney, Retired	Veterans Adm.	Havre de Grace	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Martin P. Foley (dec)	Ella Roendress (dec)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	Unknown	Janette E. Foley 1101 Mass. Ave. N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Acting Sclerotic Cardio Vascular Disease

DUE TO

Antecedent cause(s) (b) Coronary Anterior Occlusion

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Phlebitis left & thigh Femoral

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to 2/22, 1953, that I last saw the deceased alive on 2/22, 1953, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE Martin Foley M.D. (DEGREE OR TITLE) ADDRESS 428 S. Union Ave. Havre de Grace Md. DATE SIGNED 2/24/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/25/53	Mt. Erin	Havre de Grace, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 24-53	A. L. Lewis M.D.	Pennington & Son	Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

#1766

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Harford — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 624 S. Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural, give location): 624 S. Washington St.

3. NAME OF DECEASED (Type or Print): (First) Rose (Middle) B. (Last) Galloway
4. DATE OF DEATH: (Month) Feb. (Day) 3 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	Mar. 20 1859	93 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keep
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Moses Galloway
14. MOTHER'S MAIDEN NAME: Henrietta Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: — —
17. INFORMANT AND ADDRESS: Mr. Joseph A. Thumber Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Decompensation
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cystitis (c) Senile Debility
704.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
accident	Home	Havre de Grace	Harford	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
(1956)	28		m.			fall

22. I hereby certify that I attended the deceased from 6-24, 19[illegible], to Feb 3, 1953, that I last saw the deceased alive on Feb 2, 1953 and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G. L. Lewis	M.D.	Havre de Grace, Md.	2-4-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb. 6 1953	Angel Hill	Havre de Grace	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb-4-53	G. L. Lewis M. D.	V. Madison Mitchell	Havre de Grace, Md.

VS. A15

3 A

MARYLAND STATE DEPARTMENT OF HEALTH

01767

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Aberdeen Morgue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 20
STREET ADDRESS (If rural, give location) 14 D Oak Grove Drive

3. NAME OF DECEASED (Type or Print) (First) William (Middle) L. (Last) Gamble
4. DATE OF DEATH (Month) February (Day) 14 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 12-1920
9. AGE last birthday 32 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier
10b. KIND OF BUSINESS OR INDUSTRY U.S. Army
11. BIRTHPLACE (State or foreign country) Texas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ord A. Gamble
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Current
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Mrs Wm. L. Gamble 14-D Oak Grove Drive Balto. 20, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Evisceration cerebrum

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) U S Route 40 (CITY OR TOWN) Belcamp (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 2/14/53 8 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Autoaccident auto auto type

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer M D Deputy Medical Examiner Harford Co. Bel Air Md 2/14/53

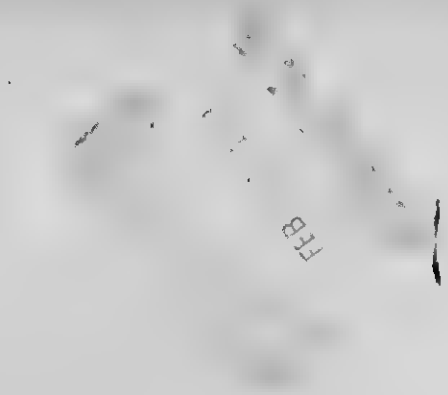
23. FINAL CREMATION REMOVAL (Specify) Removal
DATE THEREOF Feb. 18th 1953
NAME OF CEMETERY OR CREMATORY Arlington National cemetery
LOCATION (City, town, or county) (State) Arlington Virginia

DATE REC'D BY LOCAL REG. Feb. 17-1953
REGISTRAR'S SIGNATURE Nellie A. Perry
24. FUNERAL DIRECTOR Henry Farring and Sons ADDRESS Aberdeen Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0176882

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bel Air
LENGTH OF STAY (in this place) 6 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mrs. Walters Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jarrettsville Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) Martin (Last) Hendrickson

4. DATE OF DEATH: (Month) Feb (Day) 2 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 21st 1866
9. AGE last birthday: Age 86 yrs. IF UNDER 1 YEAR Months 3 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farm owner
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Preston Co W Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Hendrickson, West Virginia
14. MOTHER'S MAIDEN NAME: Mary Lentz - West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Vernon A Henderson, Logainville, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute heart failure
DUE TO
Antecedent cause(s) (b) Chronic congestive failure
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

434.1

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952, to Feb. 2, 1953, that I last saw the deceased alive on Jan 30, 1953 and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Charles A. Neff (DEGREE OR TITLE) MD ADDRESS Street, Md DATE SIGNED Feb 2, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Feb 5, 1953
NAME OF CEMETERY OR CREMATORY Mt. Rose Cemetery, Ebenezer Pa.
LOCATION (City, town, or county) (State) York, York Co. Pa.

DATE REC'D BY LOCAL REG. 2/3/53 2/9/53
REGISTRAR'S SIGNATURE Charles L Fulton Priscilla Tonwood Com
24. FUNERAL DIRECTOR Jacob Hartenstein, New Freedom, Pa. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

FEB 9

01769

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN APG. MD.
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS USAH. ABERDEEN PROVING GROUNDS, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARMY CHEMICAL CENTER
STREET ADDRESS (If rural, give location) QTRS 103A GRANT COURT

3. NAME OF DECEASED (Type or Print) (First) EDNA (Middle) F. (Last) HINCKLEY
4. DATE OF DEATH (Month) FEB (Day) 8 (Year) 1953
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH SEPT 8, 1904
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME LOUIS EDER
14. MOTHER'S MAIDEN NAME CLARA WAGNER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ——
17. INFORMANT AND ADDRESS Frake and Sons, 5200 N. Western Ave Chicago, Ill.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

155X

Immediate cause (a) Pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinomatosis peritonei

(c) Adenocarcinoma, site undetermined

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION DEC 26, 1952
19b. MAJOR FINDINGS OF OPERATION Carcinomatosis peritonei
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Feb, 1953, to 8 Feb, 1953, that I last saw the deceased alive on 8 Feb, 1953, and that death occurred at 11:34 A.m., from the causes and on the date stated above.

SIGNATURE Henry Rosario (Degree or title) Maj MC ADDRESS USAH APG DATE SIGNED 8 Feb. 1953

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Feb 9-1953
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Chicago, Ill.
DATE REC'D BY LOCAL REG. Feb. 9-1953
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Henry Farring & Sons ADDRESS Aberdeen, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB 13 1953

MARYLAND STATE DEPARTMENT OF HEALTH

01770

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near Taylor
LENGTH OF STAY (In this place): 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taylor
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) E (Last) Issenock

4. DATE OF DEATH: (Month) Feb (Day) 9 (Year) 53

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Mar 4 1888

9. AGE last birthday: 64 yrs. — If under 1 year: Months 11 — Days 5 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Sweet Air, Balto. Co., Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles E. Issenock

14. MOTHER'S MAIDEN NAME: Madeline R. Reider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. John Buettner, Fullerton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

E976 Immediate cause (a) Gunshot wound cerebrum, self inflicted

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN): Fallston (COUNTY): Harford (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 2/9/53 4 P m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Shot self with shot gun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE: Gerald C Palmer (Degree or title) MD Deputy Medical Examiner ADDRESS: Harford Co. Bel Air Md DATE SIGNED: 2/9/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb 12, 1953

NAME OF CEMETERY OR CREMATORY: Ebenezer

LOCATION (City, town, or county) (State): near Taylor, Harford Co. Md.

DATE REC'D BY LOCAL REG.: 2/11/53

REGISTRAR'S SIGNATURE: Priscilla Foxwood

24. FUNERAL DIRECTOR: Martin G. Kurtz ADDRESS: Jarrettsville, Md.

VS. AHA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01771

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND

~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Walters Convalacant Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford

~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) (Last) Jordan

4. DATE OF DEATH: (Month) Feb. (Day) 4 (Year) 1953

5. SEX: Female 6. COLOR OR RACE: White 7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify) Widow 8. DATE OF BIRTH: Sept. 4/1860 9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housework 10b. KIND OF BUSINESS OR INDUSTRY: At Home 11. BIRTHPLACE (State or foreign country): Harford Co., Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elisha Johnson 14. MOTHER'S MAIDEN NAME: Rosa Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No 16. SOCIAL SECURITY No.: No 17. INFORMANT & ADDRESS: Virginia Orr Bel-Air, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

3 IX

Immediate cause (a) Cerebral Hemmorrhage — Interval Between Onset And Death: 6 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Fractured hip — 6 weeks

DUE TO

(c) Arteriosclerosis — 4 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured hip

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1953, to Feb. 4, 1953, that I last saw the deceased alive on Feb. 4, 1953 and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. P. Snodgrass M.D. ADDRESS Darlington Md DATE SIGNED 2/5/53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ ~~(Specify)~~ Burial DATE THEREOF Feb. 8/1953 NAME OF CEMETERY ~~OR CREMATORY~~ Ascension Cem LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Feb. 6, 1953 REGISTRAR'S SIGNATURE Priscilla Forwood 24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 445

RECEIVED
FEB 13 1953
U. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01772

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ABERDEEN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 U.S. ARMY HOSP. APG, MD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE OHIO COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Columbus
STREET ADDRESS (If rural, give location) 2425 Kensington Road

3. NAME OF DECEASED (Type or Print) (First) DENNIS (Middle) R (Last) KELLY
4. DATE OF DEATH (Month) FEB (Day) 12 (Year) 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH JULY 26, 1932
9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier
10b. KIND OF BUSINESS OR INDUSTRY Army
11. BIRTHPLACE (State or foreign country) OHIO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Deceased
14. MOTHER'S MAIDEN NAME Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 20 Jan 53 To date
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Military Personnel US Army, A.P.G., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

41 X Immediate cause (a) Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Feb, 1953, to 12 Feb, 1953, that I last saw the deceased alive on 12 Feb, 1953 and that death occurred at 7:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert W. [illegible] 2151-1 ASU USAH APG MD 2/12/53

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Feb. 14-1953
NAME OF CEMETERY OR CREMATORY Roseville cemetery
LOCATION (City, town, or county) (State) Roseville Ohio

DATE REC'D BY LOCAL REG. Feb. 14-1953
REGISTRAR'S SIGNATURE Pellie Perry
24. FUNERAL DIRECTOR ADDRESS Henry Farring End Sons. aberdeen. md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01773

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS AIR

1. PLACE OF DEATH: Jarrettsville
   COUNTY Harford — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jarrettsville — LENGTH OF STAY (in this place) 91 yrs
   HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Md — COUNTY Harford
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jarrettsville
   STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) A. (Last) Kurtz

4. DATE OF DEATH: (Month) Feb. (Day) 28, (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 13, 1861

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months 7 Days 15 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jarrettsville, Harford Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Abram Gladden

14. MOTHER'S MAIDEN NAME: Mary Etta Durham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S ADDRESS: Martin D. Kurtz, Jarrettsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
429.0 Immediate cause	(a) Coronary Occlusion	16 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arteriosclerotic - Hypertensive Heart Disease	20 yrs.
	(c) DUE TO Senility	2 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ulcer (arteriosclerotic) foot - bilateral - 1½ yrs.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20 1951, to, Feb 27, 1953, that I last saw the deceased alive on Feb 27, 1953, and that death occurred at 9 P.M. (2:25) from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. James Thomson	M.D.	Jarrettsville, Md.	Feb 28 '53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Mar. 2, 1953 — NAME OF CEMETERY OR CREMATORY: Jarrettsville — LOCATION (City, town, or county) (State): Jarrettsville, Harford Co. Md

DATE REC'D BY LOCAL REGISTRAR: 3/1/53 — REGISTRAR'S SIGNATURE: Priscilla Foxwood

24. FUNERAL DIRECTOR — ADDRESS: Martin D. Kurtz, Jarrettsville, Md

MAR

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

01771

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH
COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WHITEFORD
LENGTH OF STAY (In this place) 10 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL — STREET
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	GEORGE	LOWE	FEB.	1,	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	APRIL 24 1876	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER	Farm Tenant	HARFORD CO., MD.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM A. LOWE	MARY FEW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		William M. Lowe, Edgewood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia — 4 days

493 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 30, 1953, to Feb 1, 1953, that I last saw the deceased alive on Feb 1, 1953, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Geo. Young, MD ADDRESS CARNEY DATE SIGNED 2/3/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	FEB. 4, 1953	BELAIR MEMORIAL GARDENS	BELAIR, MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/3/53	Priscilla Fourwood	John H. Harkins	Delta, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01775

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 1A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Napeville Grace — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jarrettsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Rosalie (Middle) Sue (Last) McCarter

4. DATE OF DEATH: (Month) Feb (Day) 16 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: Feb. 8 1953

9. AGE last birthday: — yrs. If under 1 year: Months — Days 8 If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Bernard R. McCarter

14. MOTHER'S MAIDEN NAME: Rose Marie Sparks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Bernard R. McCarter Jarrettsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.-

Immediate cause (a) Atelectasis of the Lungs - Congenital — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb 8, 1953, to Feb 16, 1953, that I last saw the deceased alive on Feb 16, 1953, and that death occurred at 7:05 P.m., from the causes and on the date stated above.

SIGNATURE: V. P. Vicente (Degree or title) M.D. ADDRESS: Harford Mem. Hosp. DATE SIGNED: 2-16-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2/19/53 — NAME OF CEMETERY OR CREMATORY: Sharon View — LOCATION (City, town, or county) (State): Forest Hill Md

DATE REC'D BY LOCAL REG.: Feb. 17-1953 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D. — 24. FUNERAL DIRECTOR: Charles E. Kurtz — ADDRESS: Jarrettsville Md

2023203402

FEB 19 1-3

Item 9 Film G152 3/31/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02538

CERTIFICATE OF DEATH

Reg. Dist. No. 15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Harford County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R.D. #2 - Aberdeen Md.
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Mem'l. Hosp. H.d.g.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen Md. R.D. #2
STREET ADDRESS (If rural, give location): R.D. #2 Aberdeen - Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bessie	May	Mercurt	Feb.	8	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	White	W	2-21-87	65 Yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Vinton Cullum	Margaret Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		Mrs. Frank Singleton - Aberdeen Md. R.D. #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X

Immediate cause (a) Diabetes Mellitus (acidosis)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia of undetermined cause

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2-7, 1953, to 2-8, 1953, that I last saw the deceased alive on 2-8-53, and that death occurred at 4:10A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. P. Vicente	M.D.	Harford Memorial Hospital	2-8-53

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb 11-1953	Calvary Cemetery	Aberdeen RD #2 Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb-10-53	J. D. Lewis M.D.	Henry Garrey and Sons,	Aberdeen, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH 01776

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Perryman
LENGTH OF STAY (In this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 508 Juniata Street

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Donald (Last) McMillan
4. DATE OF DEATH (Month) February (Day) 28 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH July 7 1930
9. AGE last birthday 22 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Coca Cola Co
11. BIRTHPLACE (State or foreign country) N.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Earle McMillan
14. MOTHER'S MAIDEN NAME Myrtle Banks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Earl E. McMillan Havre de Grace, R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH —

9195 Immediate cause (a) Lunshot wound abdomen

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway (CITY OR TOWN) Perryman (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) Feb (Day) 28 (Year) 1953 (Hour) 12:01 A.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Friend was unloading rifle & it went off

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gerald C Palmer M.D. (Degree or title) Deputy Medical Examiner ADDRESS Harford County Bel Air, Md DATE SIGNED 2/28/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar. 3, 1953
NAME OF CEMETERY OR CREMATORY Bel Air Memorial Gardens
LOCATION (City, town, or county) Harford (State) Md.

DATE REC'D BY LOCAL REG Mar 3-53
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

01777

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown - Rural
STREET ADDRESS (If rural, give location) U.S. Route 7

3. NAME OF DECEASED (Type or Print) (First) Henery (Middle) C. (Last) Murphy
4. DATE OF DEATH (Month) Feb. (Day) 2 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1-21-1902
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist,
10b. KIND OF BUSINESS OR INDUSTRY B.R.Lab, Aberdeen P.G.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? American
13. FATHER'S NAME Samuel J. Murphy
14. MOTHER'S MAIDEN NAME Ella S. Simpers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-07-3340
17. INFORMANT AND ADDRESS Mary Murphy - same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
816 X Immediate cause	(a) Pulmonary Oedema	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Crushing injury to chest c̄ internal hemorrhage	10 days
	(c) Automobile accident with injury from steering wheel	10 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. As auto struck car in front throwing patient forward injuring chest.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street (CITY OR TOWN) Perryville Route #40 (COUNTY) Cecil (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) June 24 1953 9P m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Auto swerved & struck another car.

22. I hereby certify that I attended the deceased from Jan 24, 1953, to Feb 2, 1953, that I last saw the deceased alive on Feb. 2, 1953, and that death occurred at 9:22 a.m., from the causes and on the date stated above.

SIGNATURE Jim Wolbert (Degree or title) MD ADDRESS Havre de Grace Md DATE SIGNED Feb 3, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-4-53
NAME OF CEMETERY OR CREMATORY Charlestown
LOCATION (City, town, or county) Charlestown, (State) Md.

DATE REC'D BY LOCAL REG. Feb-3-53
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Lewis Patterson & Son, ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01778

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp't

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
STREET ADDRESS (If rural give location) near Carsin Mn

3. NAME OF DECEASED (Type or Print) (First) Josephine (Middle) A. (Last) Myers.
4. DATE OF DEATH (Month) Feb (Day) 5 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 8th Sept-1952
9. AGE last birthday yrs. If under 1 year Months 5 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Ernest S. Myers
14. MOTHER'S MAIDEN NAME Victoria Kowalewski
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of [redacted])
16. SOCIAL SECURITY No. —
17. INFORMANT Ernest S. Myers Aberdeen R.R.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

481+

Immediate cause (a) Acute tracheo-bronchitis, influenzal

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Influenza

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 das.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Birth, 19..., to Feb 5, 1953, that I last saw the deceased alive on Feb 4, 1953, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE J. Ralph Hockey M.D. (Degree or title) ADDRESS Churchville DATE SIGNED Feb 5

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb 7th 1953
NAME OF CEMETERY OR CREMATORY St. Francis Cemetery
LOCATION (City, town, or county) (State) Abingdon, Maryland.

DATE REC'D BY LOCAL REG. Feb-6-53
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Henry Farring and Sons ADDRESS Aberdeen. Maryland.

2092355404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01779

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de ~~Aberdeen~~ Grace
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 306 Edmund Street

3. NAME OF DECEASED (Type or Print) (First) DIRK (Middle) R. (Last) NEUMEISTER
4. DATE OF DEATH (Month) February (Day) 20 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2-Dec. 1952
9. AGE last birthday yrs. If under 1 year Months 3 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (State or foreign country) Havre de Grace, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Roger Neumeister
14. MOTHER'S MAIDEN NAME Ann Cloud
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS St. Col. Roger Neumeister Aberdeen Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

491X

Immediate cause (a) Bronchopneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE William V. Lovett (Degree or title) ADDRESS 700 Fleet Street, Baltimore, Md. DATE SIGNED 2/20/53

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Feb. 21-1953
NAME OF CEMETERY OR CREMATORY Austin Cemetery
LOCATION (City, town, or county) (State) Austin Texas

DATE REC'D BY LOCAL REG. Feb. 21-1953
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Henry Varring and Sons ADDRESS Aberdeen Maryland

20V2342404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1953
JREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 01780

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 13 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural, give location) 286 N. Main St.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) (Last) Peters

4. DATE OF DEATH (Month) Feb. (Day) 13 (Year) 1953

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept. 14, 1868
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Levi Peters
14. MOTHER'S MAIDEN NAME Isabella Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS 286 N. Main St. Bertha Brown, Port Deposit, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4 4 3

Immediate cause (a) Arteriosclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition - Severe

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12, 1953, to 2-13, 1953, that I last saw the deceased alive on 2-13, 1953, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE A. P. Vicente, MD (Degree or title) ADDRESS Harford Memo. Hosp. DATE SIGNED 2-13-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-15-1953
NAME OF CEMETERY OR CREMATORY Mount Zoar
LOCATION (City, town, or county) (State) Conowingo, Md

DATE REC'D BY LOCAL REG. Feb-14-53
REGISTRAR'S SIGNATURE V. L. Lewis M.D.
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 18 Film G151 3-10-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01781

CERTIFICATE OF DEATH

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Harford — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewood
LENGTH OF STAY (in this place): 7 yrs.,
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewood
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) Walburton (Last) Pritchard

4. DATE OF DEATH: (Month) FEB (Day) 26 (Year) 1953

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6/6/ 1898

9. AGE last birthday: 54 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Ph D Historian

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.,

11. BIRTHPLACE (State or foreign country): Morrisdale, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lewis A. Pritchard

14. MOTHER'S MAIDEN NAME: Anna K. Fuge

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W. 1

16. SOCIAL SECURITY NO.: 193-18-8326

17. INFORMANT & ADDRESS: Mrs. Ruth May Pritchard, Edgewood, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: CORONARY OCCLUSION

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Possibly CLOT FROM INCISION & DRAINAGE OF HEMATOMA OF LEFT RECTUS MUSCLE OF ABDOMEN

(c)

Interval Between Onset And Death: 30 MIN.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hematoma thought due to coughing. Healed well.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY occur?

22. I hereby certify that I attended the deceased from 24 Feb, 1950, to 27 Feb, 1953, that I last saw the deceased alive on 24 Feb, 1953, and that death occurred at 26 Feb 53, from the causes and on the date stated above.

SIGNATURE: H. K. Mitchell (Degree or title) MD — ADDRESS: Bel Air — DATE SIGNED: 27 Feb 53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 2/28/1953 — NAME OF CEMETERY OR CREMATORY: Robt., A. Benner, F.d. — LOCATION (City, town, or county) (State): Perkasie, Bucks, Pa.

DATE REC'D BY LOCAL REGISTRAR: 2, 28, 1953 — REGISTRAR'S SIGNATURE: Mame M. Monksdale

24. FUNERAL DIRECTOR ADDRESS: Howard K. McCormick Abingdon. Md.

01782

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
STREET ADDRESS (If rural give location): 68 E. Bel Air ave.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Silver (Last) Pritchard
4. DATE OF DEATH (Month) Feb. (Day) 21 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 12-1896
9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Govt. Supply Clerk
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joshua R. Pritchard
14. MOTHER'S MAIDEN NAME: Cora H. Bayless.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Wm. Silver Pritchard - Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Myocardial Infarction	3 hr.
Antecedent cause(s)			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Coronary Heart Disease	3 yr.
	(c)	Coronary Arteriosclerosis	3 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Anemic Infarct, rt. cerebral hemisphere — 3 mo.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

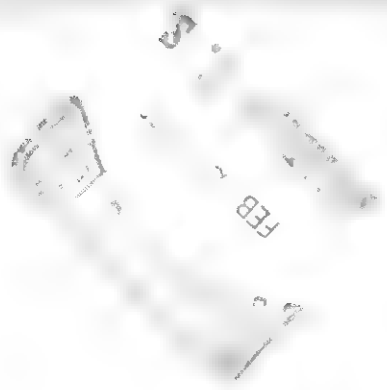
22. I hereby certify that I attended the deceased from July, 1951, to Feb 21, 1953, that I last saw the deceased alive on Feb 21, 1953, and that death occurred at 8:30 P m., from the causes and on the date stated above.
SIGNATURE: Vert P. Rodman, M.D. (Degree or title) — ADDRESS: Aberdeen, Md — DATE SIGNED: 2-23-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb. 24-1953 — NAME OF CEMETERY OR CREMATORY: Grove Cemetery — LOCATION (City, town, or county) (State): Aberdeen, Maryland,
DATE REC'D BY LOCAL REG.: Feb-24-53 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D.
24. FUNERAL DIRECTOR: Henry Tarring and Sons — ADDRESS: Aberdeen, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



Item 9 FilmG152 3/19/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01783

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: HARFORD — MARYLAND
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town): RURAL Bel Air
LENGTH OF STAY (in this place): 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Cecil
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town): Northeast
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) Elmer (Last) RICHARDSON

4. DATE OF DEATH: (Month) February (Day) 25 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: April 20, 1861

9. AGE last birthday: ~~92~~ 91 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer on Rail Road

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Charlestown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard H. Richardson

14. MOTHER'S MAIDEN NAME: Louisa A Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: J. R. Grant North East Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.1
Immediate cause (a) arteriosclerotic cardiovascular disease — Interval Between Onset and Death: Unknown
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1953, to Feb 25, 1953, that I last saw the deceased alive on Feb 20, 1953, and that death occurred at 11:45 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Paul S. Stonesifer Jr. M.D. 615 Hickory Ave. Bel Air — Feb. 26, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb 27 1953 — NAME OF CEMETERY OR CREMATORY: Charles Town Cem — LOCATION (City, town, or county) (State): Cecil Co, Md.

DATE REC'D BY LOCAL REG.: Feb 26, 1953 — REGISTRAR'S SIGNATURE: C. V. Kirk

24. FUNERAL DIRECTOR: J. R. Grant — ADDRESS: North East, Maryland.

VS. A15 8-51

MAR 4
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01784

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Joppa, Rural
LENGTH OF STAY (in this place) 45 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Joppa
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Louise (Last) Robinson
4. DATE OF DEATH: (Month) Feb. (Day) 21. (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Apr 12, 1879
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Hagerstown - Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Henry Kendall
14. MOTHER'S MAIDEN NAME: Lula Group

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Emory Robinson

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Cardio respiratory failure of Advanced cardiovascular disease
260X
Immediate cause (a) DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Diabetes mellitus
(c)

Interval Between Onset And Death: 4 years; 8 years.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1947, to 20 Feb, 1953, that I last saw the deceased alive on 16 Feb, 1953, and that death occurred at 10: P.M., from the causes and on the date stated above.
SIGNATURE H. P. Sidwell (Degree or title) M.D. ADDRESS Belair, Md DATE SIGNED 23 Feb 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb 24, 1953
NAME OF CEMETERY OR CREMATORY Union Chapel
LOCATION (City, town, or county) Joppa (State) Md
DATE REC'D BY LOCAL REGISTRAR 2/23/57
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR W. H. Archer ADDRESS Benson Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1953
74
1879

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01785

Reg. Dist. No.

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace — LENGTH OF STAY (in this place)
HOSPITAL ~~OR INSTITUTION OR STREET ADDRESS~~: Havre de Grace

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto.
STREET ADDRESS (If rural, give location): 1226 S. Paca st.

3. NAME OF DECEASED (Type or Print): Mrs. — (First) Joan — (Middle) — (Last) Shupe

4. DATE OF DEATH (Month) Feb (Day) 1 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify): Single
8. DATE OF BIRTH: 8/12/1936
9. AGE last birthday: 16 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
10b. KIND OF BUSINESS OR INDUSTRY: Diner
11. BIRTHPLACE (State or foreign country): Jarrettsville Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James M. Shupe
14. MOTHER'S MAIDEN NAME: Grace Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: James Shupe 1226 S. Paca st

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816X Immediate cause (a) Asphixia due to S. mole — —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture L. humerus — —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): N S Rute 40 — (CITY OR TOWN) Havre de Grace — (COUNTY) Harford — (STATE) Md
TIME OF INJURY (Month) 2/1 (Day) 63 (Year) 4 (Hour) A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident, auto-auto type

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Gerald C Palmer MD — (Degree or title) Deputy Medical Examiner — ADDRESS: Harford Co. Bd Air Md — DATE SIGNED: 2/1/53

23. BURIAL, ~~CREMATION REMOVAL (Specify)~~: Burial
DATE THEREOF: 2/4/53
NAME OF CEMETERY OR CREMATORY: Oak Grove
LOCATION (City, town, or county) (State): Churchville Md.

DATE REC'D BY LOCAL REG.: 2/2/53
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Wm Cook Inc. 1211 St. Paul st. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 1 01786 2

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 212 S. Freedom St.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) E (Last) Stansbury
4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 20, 1903
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Steven Stansbury
14. MOTHER'S MAIDEN NAME: Florence Stansbury
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 215-14-0304
17. INFORMANT & ADDRESS: Mrs Gertie J. Stansbury - Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
5-61.0 Immediate cause	(a) Uremia	6 days.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Bilateral strangulated inguinal hernia	15 "
	(c) DUE TO Temporary Colostomy.	12 days.

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12/29/52 — 1/13/53
19b. MAJOR FINDINGS OF OPERATION → Inguinal hernioraphy → Temporary Colostomy
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/29, 1952, to 2/1, 1953, that I last saw the deceased alive on 2/1, 1953 and that death occurred at 3:50 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) George J. Stansbury, M.D.
ADDRESS 569 Revolution St. Havre de Grace, Md.
DATE SIGNED 2/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 5, 1953
NAME OF CEMETERY OR CREMATORY St. James Cemetery
LOCATION (City, town, or county) Havre de Grace
(State) Md

DATE REC'D BY LOCAL REGISTRAR Feb-5-53
REGISTRAR'S SIGNATURE U. L. Lewis M.D.
24. FUNERAL DIRECTOR Elmer E. Bullock
ADDRESS Havre de Grace, Md.

VS. A15 (1)

E3 9 [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01787

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS #222 Penna. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural give location) #222 Penna. Ave.

3. NAME OF DECEASED (Type or Print) (First) HANNA (Middle) (Last) Stewart
4. DATE OF DEATH (Month) Feb. (Day) 3rd (Year) 1953
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 4-1876
9. AGE last birthday 76 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry Hall
14. MOTHER'S MAIDEN NAME Phoebie Bond
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT Leon Hall - Bel Air, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

4.43X Antecedent cause(s) (b) Hypertensive cardio vascular disease — 3 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Advanced senility -

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Feb, 1953, to 3 Feb, 1953, that I last saw the deceased alive on 3 Feb, 1953, and that death occurred at 4.30 A. m., from the causes and on the date stated above.

SIGNATURE H.P. Sidwell (Degree or title) M.D. ADDRESS Bel Air, Md. DATE SIGNED 3 Feb. '53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb. 7th 1953
NAME OF CEMETERY OR CREMATORY Mountain Cemetery
LOCATION (City, town, or county) (State) Benson, Maryland.
DATE REC'D BY LOCAL REG. 2/4/53
REGISTRAR'S SIGNATURE Priscilla Fonwood
24. FUNERAL DIRECTOR Henry Farring and Sons. ADDRESS Aberdeen, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01788

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington Havre de Grace
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN town -
STREET ADDRESS (If rural, give location) Darlington -

3. NAME OF DECEASED (Type or Print) (First) Verna (Middle) (Last) Testerman

4. DATE OF DEATH (Month) Feb. (Day) 6 (Year) 1953

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 2/2/35

9. AGE last birthday 18 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Slate Ridge, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Chester Cooper

14. MOTHER'S MAIDEN NAME Laura Reynolds -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Don Testerman, Darlington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) SHOCK, CAUSE UNKNOWN	30 HRS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) OBSTETRICAL DELIVERY AT TERM 1-31-53	6 DAYS
	(c)	

6 x

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Presence of watery transudate - abdo. cavity.

19a. DATE OF OPERATION 2-5-53

19b. MAJOR FINDINGS OF OPERATION Pelvic laparotomy = Pelvic & Abdominal wall edematous

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 31, 1953, to Feb. 6, 1953, that I last saw the deceased alive on Feb. 6, 1953, and that death occurred at 2:35 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS DATE SIGNED 2-6-'53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Feb. 8, 1953

NAME OF CEMETERY OR ~~CREMATORY~~ Mt. Nebo

LOCATION (City, town, or county) York Co. (State) Pa.

DATE REC'D BY LOCAL REG. Feb-6-53

REGISTRAR'S SIGNATURE A. L. Lewis M.D.

24. FUNERAL DIRECTOR John H. Harkins ADDRESS Delta, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

FEB 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01789

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace — LENGTH OF STAY (in this place): 16 hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural, give location): 229 Bloomsbury Ave.

3. NAME OF DECEASED (Type or Print) (First) Warren (Middle) C. (Last) Todd

4. DATE OF DEATH (Month) Feb. (Day) 22 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6-28-1912
9. AGE last birthday: 40 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Armed Prod. Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Edgewood Arsenal
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles F. Todd
14. MOTHER'S MAIDEN NAME: Celia Geren -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Mrs. Annie L. Todd, 229 Bloomsbury Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-21, 1953, to 2-22, 1953, that I last saw the deceased alive on 2-22, 1953, and that death occurred at 7:15 A.m., from the causes and on the date stated above.

SIGNATURE: S. P. Vicente, M.D. (Degree or title) — ADDRESS: Harford Memo. Hospital — DATE SIGNED: 2-22-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2/25/53 — NAME OF CEMETERY OR CREMATORY: Angel Hill — LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG.: Feb-24-53 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D. — 24. FUNERAL DIRECTOR: Fanning Gov & Son — ADDRESS: Havre de Grace, Md.

01790

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Black Horse | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Markline's Store

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Black Horse
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): James (First) Gary (Middle) Waltermyer (Last)

4. DATE OF DEATH: (Month) February (Day) 12 (Year) 1953

5. SEX: M. | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: April 3, 1888 | 9. AGE last birthday: 64 yrs. | If under 1 year: Months 10 | Days 9 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter + paperhanger | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): White Hall, Balto. Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U S.

13. FATHER'S NAME: Abraham Waltermyer | 14. MOTHER'S MAIDEN NAME: Jennie Garrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS: Mrs. Hester Waltermyer, 745 N. North Ave Balto. 17, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer M.D. Deputy Medical Examiner Harford County Bel Air, Md 2/13/53

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF Feb 15, 1953 | NAME OF CEMETERY OR CREMATORY Agnes Chapel | LOCATION (City, town, or county) (State) White Hall, Md

DATE REC'D BY LOCAL REG. 2-13-53 | REGISTRAR'S SIGNATURE Priscilla Forword | 24. FUNERAL DIRECTOR ADDRESS Martin G. Kurtz, Jarrettsville, Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01791

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jarrettsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jarrettsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) Hannah (Last) Ward

4. DATE OF DEATH: (Month) Feb. (Day) 15 (Year) 1953

5. SEX: F.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: March 1st 1868
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months 11 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jarrettsville, Harford Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Martin Kurtz
14. MOTHER'S MAIDEN NAME: Sarah Ellenor Meade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mellor K. Ward, Jarrettsville, Harford Co. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

480X

Immediate cause (a) Bronchial pneumonia — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Influenza — 2 wks.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile debility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1947, to Feb 15, 1953 that I last saw the deceased alive on Feb. 14, 1953, and that death occurred at 2 P.M. from the causes and on the date stated above.

SIGNATURE Charles A. Neff (Degree or title) M.D. ADDRESS Street DATE SIGNED Feb. 15, 1953

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF Feb 18, 1953
NAME OF CEMETERY OR CREMATORY Jarrettsville
LOCATION (City, town, or county) (State) Jarrettsville, Harford Co. Md.
DATE REC'D BY LOCAL REGISTRAR 2/19/53
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR Martin G. Kurtz, ADDRESS Jarrettsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB 1 1953
BUREAU V. S.

0179?

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH: COUNTY Harford; STATE Maryland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Darlington Md.; LENGTH OF STAY (in this place) 6 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Darlington Md.; STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print): (First) John (Middle) — (Last) Wanuk

4. DATE OF DEATH: (Month) 2/27 (Day) (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 8/10/1900

9. AGE last birthday: 52 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Stafford Co. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. F. Wanuk (dec)

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 705-12-1900

17. INFORMANT AND ADDRESS: Mrs. John Wanuk, Rt. 1 Box 111 Darlington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

32 1/X Immediate cause (a) Cerebral Vascular Accident — Interval between onset and death: 1 hr 5 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Feb 27, 1953, that I last saw the deceased alive on 2/27, 1953 and that death occurred at 9 35P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Malcolm Dudley Pully MD — ADDRESS Darlington md — DATE SIGNED 2/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/2/53 — NAME OF CEMETERY OR CREMATORY Wallis Memorial Gardens — LOCATION (City, town, or county) (State) Wallis, Md.

DATE REC'D BY LOCAL REG. Feb. 28, 1953 — REGISTRAR'S SIGNATURE C.W. Kirk — 24. FUNERAL DIRECTOR Benson Funeral Home — ADDRESS Aberdeen, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01793

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Harford Md. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (In this place) 1 Hr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS ---

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.Y. COUNTY Co. West Chester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenburg; STREET ADDRESS (If rural, give location) 26 Laurence Drive

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) Wicks (Last) Wheeler

4. DATE OF DEATH: (Month) Feb (Day) 1 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 22, 1933

9. AGE last birthday: 20 yrs. If under 1 year: Months ___ Days 9; If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Singer

10b. KIND OF BUSINESS OR INDUSTRY: Orchestra

11. BIRTHPLACE (State or foreign country): Warfordsburg Pa.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Archie L. Wicks

14. MOTHER'S MAIDEN NAME: D. Charlton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Archie L. Wicks 26 Laurence Drive Greenburg, N. Y.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Third degree burns entire body — Interval between onset and death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 816 X

(c)

20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

21a. DATE OF OPERATION | 21b. MAJOR FINDINGS OF OPERATION | 22. AUTOPSY? Yes ☐ No ☐

23. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Rte 40 (CITY OR TOWN) Havre de Grace (COUNTY) Harford (STATE) Md

TIME OF INJURY (Month) 2 (Day) 1 (Year) 53 (Hour) 4 P.M. INJURY OCCURRED While at work ☐ Not while at work X

HOW DID INJURY OCCUR? Automobile accident, auto vs auto type

24. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Gerald C Palmer MD Deputy Medical Examiner Harford Co. ADDRESS Bel Air Md. DATE SIGNED 2/1/53

25. BURIAL, CREMATION, REMOVAL (Specify) Cremation | DATE THEREOF 2/3/53 | NAME OF CEMETERY OR CREMATORY Furncliff | LOCATION (City, town, or county) Greenburg, N. Y. (State)

DATE REC'D BY LOCAL REG. Feb-1-1953 | REGISTRAR'S SIGNATURE A. L. Lewis M. D. | 26. FUNERAL DIRECTOR Ballard-Durand Funeral Home ADDRESS 2 Maple Ave. White Plains, N. Y.

Ballard-Durand

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01794

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pylesville R.D.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pylesville R.D.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) Henry (Last) Williams

4. DATE OF DEATH: (Month) Feb (Day) 18 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 8, 1867
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: General Work
11. BIRTHPLACE (State or foreign country): Harford Co Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Williams
14. MOTHER'S MAIDEN NAME: Eliza Williams

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Office Fee Pylesville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Uremic poisoning — Interval Between Onset And Death: 1 wk.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Glomerular nephrosis — 1 mo.

DUE TO

(c) Diabetic hypertensive cardiorenal disease — 10 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1949, to Feb 17, 1953, that I last saw the deceased alive on Feb 17, 1953, and that death occurred at 6.00 AM, from the causes and on the date stated above.

SIGNATURE Charles O. Neff MD. (Degree or title) ADDRESS Street, Md DATE SIGNED 2-18-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb 21, 1953
NAME OF CEMETERY OR CREMATORY St. Mary
LOCATION (City, town, or county) Pylesville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2/20/53
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR H. Kenny Webb Funn. Grove Pa.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1953
BUREAU V. S.

Item 18 Film 6138-9-18.53-9.5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01795

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 515 Girard Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 515 Girard Street

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) (Last) Woodward

4. DATE OF DEATH: (Month) 2 (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 22, 1901

9. AGE Last birthday: 52 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Havre de Grace, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Isaac Cole

14. MOTHER'S MAIDEN NAME: Julia Blake

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Susie Lee - Havre de Grace, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

002X
Immediate cause (a) Pneumonia, Tuberculosis, Pulmonary,
DUE TO Active, far advanced

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c) La Grippe & Bronchitis

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/5, 1953, to 2/20, 1953, that I last saw the deceased alive on 2/20, 1953, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George I. Hanshaw, M.D. ADDRESS 569 Revolution Street, Havre de Grace, Md. DATE SIGNED 2/22/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-25-53
NAME OF CEMETERY OR CREMATORY Union Methodist Cemetery
LOCATION (City, town, or county) Aberdeen, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2-24-1953
REGISTRAR'S SIGNATURE G. L. Lewis M.D.
24. FUNERAL DIRECTOR Elmer E. Bullock
ADDRESS Havre de Grace, Md.

VS. A15

RECEIVED
FEB 26 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01796

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) Rowes Hill

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Walter (Last) Wyatt

4. DATE OF DEATH: (Month) (Day) (Year) 2/1/53 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/3/1904

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months 9 Days 28 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wyatt

14. MOTHER'S MAIDEN NAME: Malissia Blevins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 213-18-9019

17. INFORMANT & ADDRESS: Mrs. Thomas Wyatt, Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
15 IX Immediate cause	(a) Carcinoma Stomach	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cachexia	
	DUE TO (c) Cachexia	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/3, 1922, to 2/1, 1953, that I last saw the deceased alive on 2/1, 1953, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE Charles Tilley M.D. (DEGREE OR TITLE) ADDRESS 401 Union Ave Havre de Grace Md DATE SIGNED 2/3/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/4/53	Angel Hill	Havre de Grace, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb-4-53	C. L. Lewis M.D.	Cunningham & Son	Havre de Grace

FEB
BUREAU V. S.